

Water Bacteriological Analysis Test Request Form	LAB USE SECTION
Utah Public Health	LAB NUMBER
4431 S 2700 W Taylorsville, UT 84129-8600	LAB NUMBER
801 965 2400 Fax 801 969 3238	Received Date and Time Stamp
http://health.utah.gov/lab/chemistry  Please fill out this form using block letters and with a black or blue pen. Do not attach this form to the sample.	
Customer Number Public Water System Facility ID Sampling Point ID  UTAH  UTAH  Sampling Point ID	Analyzed Date and Time Stamp
System/Agency Name	
Sample Receipt Conditions	☐ Health Department Investigative
Collection Point Description / Project Name (if applicable)  Temperature Ice  Yes	
Collection Point Description (Continued)	
USL: Public Health - Environi State Division of Drinking Wa	
Please fill in the circles or check boxes next to the appropriate option.  DO NOT make any other marks. If you need assistance with this form call 801 965 2405.  Contact Your Local Health Do	epartment for Pool, Spa, and Hot Tub Information
Reporting Options  ☐ State Drinking Water Compliance Samples ☐ Exceeded Holding Time	Unsatisfactory Sample
Original Sounds Number  Out of Date Container  Out of Date Container	
O Downstream Within 5 Of Original Sample O Near First Service Connection  O Downstream Within 5 Of Original Sample O Near First Service Connection  O Downstream Within 5 Of Original Sample O Near First Service Connection	
O Original Site Original Sample Collection Date ☐ Other  ☐ Unstream Within 5 Of Original Sample	
	Please Submit a New Sample
O TCR Repeat ONLY O TCR Repeat AND GW Source  Chlorine Residual ppr Type of Water Matrix Testing O Drinking Water  Well 51	Additional Testing
O Other   Well 51 and HPC   Raw Water   Well 97	LAD HGE GECTION
O Deionized or RO	
GWR Trigger Source Sample(s) Facility ID (Source #):	LAB USE SECTION
	<u></u>
Representative Site: SSG001 Collector's First Name	
Sample # of source(s)  Sampled all sources in use at time of positive  Collector's Last Name	
Other source(s) not in use	
Collection Date  Collection Time  Name of Wholesaler  O AM	
M M D D Y Y Y Y	
Date Wholesaler notified Collector's Comments	
M M D D Y Y Y Y	
First Name REPORTING/CONTACT Last Name	
Address City	
State Zip Email	<del></del>
Phone Fax	
New Information Update Accou	int
Fig. Name - DILLING - DISAME AS DEPONTING - Law Name	
First Name BILLING SAME AS REPORTING Last Name	
Address City	
State Zip Email	
Phone Fax	